

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			4/29
FORMALITY REVIEW	R	JE 873	05-03-01

MD

JRH

07/12/01

INDEX OF CLAIMS

- |   |                            |   |                    |
|---|----------------------------|---|--------------------|
| ✓ | ..... Rejected             | N | ..... Non-elected  |
| = | ..... Allowed              | I | ..... Interference |
| - | (Through numeral) Canceled | A | ..... Appeal       |
| ÷ | ..... Restricted           | O | ..... Objected     |

Claim	Date									
Final	Original									
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If more than 150 claims or 10 actions  
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MS  
4/23/01